

official

10

Revision: HCFA-PM-91-~~11~~ (BPD)

OMB No.: 0938-

August 1991

State: Massachusetts

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

No. 91-21

Supersedes

Approval Date 6/22/92

Effective Date 10/1/91

No. 84 (pg 16)

HCFA ID: 7982E